

**RICHMOND POLICE DEPARTMENT GENERAL ORDER**

NOTE: This directive is for internal use only, and does not enlarge an employee's civil liability in any way. It should not be constructed as the creation of a higher standard of safety or care in an evidentiary sense, with respect to third party claims. Violation of this directive, if proven, can only form the basis of a complaint by this department, and then only in a non-judicial administrative setting.

Chapter 7	Number 29	Effective Date 01/09/12	Review Date 2015
Subject CRITICAL INCIDENT STRESS MANAGEMENT TEAM (CISMT)			☐ New Order ☒ Replaces G.O. 7-29 (01/22/07)
References			
 _____ Chief of Police or Designee		<u>01/09/12</u> Date	

I. PURPOSE

The purpose of this directive is to establish a Critical Incident Stress Management Team, identify its objectives and provide general guidelines for its operation, selection and assignment of personnel, training, administration and confidentiality.

II. POLICY

It is the policy of the Richmond Police Department to maintain a Critical Incident Stress Management Program consisting of specially trained peer supporters and professional mental health providers to give all Police Department members the opportunity to receive tangible peer support through times of personal or professional crisis and/or to help anticipate and address potential problems.

The Richmond Police Department's most valuable resource is its employees. The Peer Support Program's goal is to assist peers with stress caused by professional and/or personal events and help them continue to be a productive member of the Richmond Police Department.

The Richmond Police Department also recognizes the value of providing a way for employees and their families to deal with professional and/or personal challenges. A successful approach is to provide a program which offers a non-professional (peer) support program in addition to the current Richmond Employee Assistance Program (REAP). The Peer Support Program is composed of a group of sworn and civilian staff who have volunteered to be available to any member of the Department. The program will provide a way for Richmond Police Department employees to share personal and/or professional problems confidentially with someone who understands and cares.

III. ACCOUNTABILITY STATEMENT

All employees are expected to fully comply with the guidelines and timelines set forth in this general order. Failure to comply will result in appropriate corrective action. Responsibility rests with the Division Commander to ensure that any violations of policy are investigated and appropriate training, counseling *and/or* disciplinary action is initiated.

IV. DEFINITIONS

- A. **CRITICAL INCIDENT** – Any event that has the emotional power to overwhelm an individual's usual ability to cope and which may interfere with the functioning of a person's immediate or future coping mechanism. A critical incident may include, but is not limited to:
- Line-of-duty death;
 - Serious line-of-duty injury or assault;
 - Suicide;
 - Officer-involved shootings;
 - Multi-casualty incidents or disasters;
 - Serious motor vehicle crashes;
 - Extended undercover operations;
 - Significant event involving children;
 - Incident involving known victim; and,
 - Personal or family tragedies, e.g. violent criminal incidents involving *the employee* or their families, deaths in family, etc.
- B. **CRITICAL INCIDENT STRESS** – Any situation faced by Emergency Services personnel that cause them to experience unusually strong emotional reactions, which have the potential to interfere with or limit their ability to perform at the scene or later generates unusually strong feelings in the Emergency Services workers.
- C. **CRITICAL INCIDENT STRESS MANAGEMENT (CISM)** – The process of educating, preventing or mitigating the effects of exposure to an abnormal or highly unusual event. The core components of CISM are pre-incident education, on-scene support, one-on-one peer crisis intervention, demobilization, defusing, debriefing, follow-up/referral and significant other services.
- D. **CRITICAL INCIDENT STRESS DEBRIEFING (CISD)** – Formally, a seven phase process used in a group meeting, usually held 24 to 72 hours after an incident, employing both crisis intervention and educational processes. The meeting is

targeted toward mitigating psychological distress associated with a critical incident or traumatic event. Debriefings are neither counseling nor an operations critique of the incident.

- E. DEFUSING – A small group process instituted after any traumatic event powerful enough to overwhelm the coping mechanisms of personnel exposed to said event.
- F. DEMOBILIZATION – A brief intervention immediately after a disaster or major incident, which provides a transition period from the major incident back to the normal work routine.
- G. PEER SUPPORT TEAM (PST) – A team composed of sworn and non-sworn personnel with training in Critical Incident Stress Management.
- H. PEER SUPPORT MEMBER (PSM) – A member of the Richmond Police Department trained in Critical Incident Stress Management to recognize and understand stress reactions, during and after critical incidents. Peer Support Members are employees of the Richmond Police Department first and peer supporters second. Any conflicts of roles should be resolved in that context.
- I. RICHMOND EMPLOYEE ASSISTANCE PROGRAM (REAP) – A management consultation service which provides diagnostic, counseling and referral services to any employee or eligible family member experiencing personal difficulties.

V. CONFIDENTIALITY

- A. It shall be mandatory that Peer Support Team members maintain strict confidentiality in matters discussed in peer debriefings, defusing or peer support meetings. Any statement of discussion with Peer Support Team members, while acting in his/her peer support role, shall remain confidential. Members of the Peer Support Team are employees of the Police Department and are bound under certain laws to report the following incidents, if they are divulged. The exceptions to the confidentiality rule are as follows:

- 1. There is reason to believe a peer presents danger to himself/herself or others, e.g. threats or actions toward suicide, homicide, etc.; and,
- 2. There is a strong belief that a peer has committed a criminal act.

NOTE: Employees are to be reminded that Peer Support Members are bound by *the* Department's Code of Conduct.

- B. The Peer Support Team is not an investigative unit of the Police Department, therefore, it will not be the policy of this Department to interfere with nor question Peer Support Team members or any other participant involved in a Peer Support Team Debriefing or Defusing of a critical incident concerning the content of discussion.
- C. The Peer Support Team *Coordinator* will maintain a confidential record of *the* types of incidents and *the* number of defusing and debriefings that are conducted. An annual summary will be *prepared by the Peer Support Team Coordinator and*

submitted to the Chief of Police providing only the types of incidents and the number of defusing and debriefings; names will not be included.

- D. All members of the Peer Support Team are required to sign and complete all confidentiality forms before beginning the process of counseling, defusing or debriefing.

VI. PROCEDURES

- A. Employees experiencing stress may initiate contact with a Peer Support Team member at any time.

1. Defusing and debriefing procedures will be activated when the following types of stressful incidents occur or as needed:
 - a) All police shootings.
 - b) Death or serious injuries to a Richmond Police Department employee or immediate family.
 - c) Other incidents as determined by the Chief of Police, supervisor or peer support team member.
2. In cases of serious violent injury to a Department employee, the employee shall be offered the opportunity to participate in a defusing and/or debriefing following the incident.
3. Any supervisor may notify the Peer Support Members of an incident and provide them information about the incident and the employees involved.
4. Field supervisors shall contact *the Division of Emergency Communications* (DEC) in instances when the CISM Team is needed.

- B. Peer Support Team:

1. The Peer Support Team **Coordinator** will follow-up with all employees involved in a defusing or debriefing within 30 days *of the critical incident* to insure that any prolonged or delayed difficulties are addressed and to initiate referral, if necessary.
2. The Peer Support Team will consult with a Mental Health Professional/Clinician, when necessary, and will refrain from giving advice outside of their training.
3. Peer Support **Coordinator** will also **supply** resource information for family members of any affected personnel.

- C. The Peer Support Team, when notified, will respond to the Division or Precinct to provide support and conduct a defusing and/or debriefing for affected personnel. ***NOTE: Consultation with the Peer Support Team is strictly voluntary and an employee may refuse without penalty or reprisal.***

D. Selection of Personnel for Assignment:

1. Peer Support Members (PSM) shall be chosen from volunteers who have received recommendations from their supervisors and/or peers.
2. Considerations for the selection of the Peer Support Team included previous education and training in the area of critical incident stress management, mental health, conflict resolution, resolved traumatic experiences and understanding of character traits.
5. CISM Team applications should be submitted to the Team Coordinator.
6. The CISM Team Coordinator along with two team members will review all applications.
7. A CISM Team review panel, consisting of the coordinator and two team members will make final selections for PSM.

E. Relevant introductory and continuing training for a PSM shall include the following:

1. Confidentiality Issues;
2. Communication Facilitation and Listening Skills;
3. Ethical Issues;
4. Problem Assessment;
5. Conflict Resolution/Problem-Solving Skills;
6. Alcohol and Substance Abuse;
7. Cross-Cultural Issues;
8. Medical Conditions often Confused with Psychiatric Disorders;
9. Stress Management;
10. AIDS Information;
11. Suicide Assessment;
12. Depression and Burn-out;
13. Grief Management;
14. Domestic Violence;
15. Crisis Management;
16. Non-verbal Communication;

17. When to Seek Mental Health Consultation and Referral;
18. Traumatic Intervention; and,
19. Limits and Liability.

F. Administration:

1. Within the limits of confidentiality, Peer Support Members will not be asked to give information about members they support. The only information that management may inquire about regarding peer support cases, is the anonymous statistical information regarding the utilization of a Peer Support Team.
2. The CISM Program is not an alternative to discipline. PSM shall not intervene in the disciplinary process, even at a member's request.
3. A member of the CISM Team can be reached by notifying DEC who will maintain a listing of the On-Call CISM Team members.

G. Consultation Service from Mental Health Professionals:

1. PSM shall utilize the Department's Mental Health Professionals for consultation.
2. ***Each*** PSM ***must*** be aware of ***his/her*** own personal limitations and ***shall*** seek advice and counsel ***in*** determining when to disqualify him/herself. ***A disqualification may preclude*** working with individuals who have problems for which ***the PSM has*** not been trained or ***involving*** problems ***in*** which ***the PSM*** may have strong personal beliefs.

VII. FORMS

Confidentiality Form(s)